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APPLICANTS

Timothy A. Hagen, East Lyme, CT;
 Julian B. Lo, Old Lyme, CT;
 Avinash G. Thombre, East Lyme, CT; Scott M. Herbig, East Lyme, CT;
 Leah Elizabeth Appel, Bend, OR;
 Marshall David Crew, Bend, OR;
 Dwayne Thomas Friesen, Bend, OR;
 David Keith Lyon, Bend, OR;
 Scott Baldwin McCray, Bend, OR;
 James Blair West, Bend, OR;

** CONTINUING DATA *****

This appln claims benefit of 60/527,084 12/04/2003

** FOREIGN APPLICATIONS *****

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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: _____				

ADDRESS

28523
 PFIZER INC.
 PATENT DEPARTMENT, MS8260-1611
 EASTERN POINT ROAD
 GROTON, CT
 06340

TITLE

Azithromycin dosage forms with reduced side effects

FILING FEE RECEIVED 3064	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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